



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
DIVISION OF WORKFORCE DEVELOPMENT  
**ON-THE-JOB TRAINING MONTHLY PROGRESS  
REPORT/INVOICE**

1. Invoice Number

2. Slot Number

3. ☐ Adult ☐ Youth

(Please type or print in ink)

Make Check Payable To:

4. Firm's Name

5. Subcontract Number

Address

6. Trainee

7. Social Security Number

8. Month of

9. Invoice Period (Month, Day, Year)

From:

To:

10. Indicate Number of Hours Worked for Each Calendar Day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Prior Accumulative Hours Worked:

12. Hourly Rate	x	Rate of Reimbursement	=	Hourly Rate of Reimbursement	x	Reimbursable Hours	=	13. Amount Due Employer	14. Final Report	If Final Report, Total Amount Paid This Slot
\$ _____ /hr.	x	_____	=	_____	x	_____	=		<input type="checkbox"/>	

15. I certify that the on-site training has been provided in accordance with the contract and that the wages and hours worked in this statement are true and correct to the best of my knowledge and belief; repayment for these training services has not been received from any other source; Time and Attendance Records and Payroll Records are available for inspection to verify the totals stated above; amounts claimed this invoice constitute authorized payments in accordance with terms of the subcontract; and, invoice marked final report constitutes authority to terminate this slot and deobligate any unused funds. I further certify that this trainee has not previously been employed by this firm unless specifically identified as an upgrading training situation.

\_\_\_\_\_  
Signature of Employer or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

16. I certify that I have reviewed this request and verify that I have worked the hours reported and have been paid at the rate indicated.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

17. Agency Certification: The rate of pay and number of hours worked have been reviewed. Payment is approved subject to verification.

\_\_\_\_\_  
Contract Service Representative Signature

\_\_\_\_\_  
Office Name & ID No.

\_\_\_\_\_  
Date